

Virginia Division of Forensic Science
SUSPECT (<24 HOURS) PHYSICAL EVIDENCE RECOVERY KIT EXAMINATION WORKSHEET

CONTAINER#: _____ ITEM#: _____ ANALYST: _____ DATE: _____ FS LAB#: _____
 Type of seal: _____

PRELIMINARY RESULTS

DESCRIPTION	APPEARANCE	SPERM / SEMINAL FLUID			BLOOD	NOTES	
		AP	EXTR	p30	PTMB		
Stain card or buccal swab(s)	Name: _____						
Pubic area swabs							
Other:							
Underpants:							
Controls:		Semen:		Semen:		:Blood	
		Blank:		Blank:			:Blank
ABA CARD LOT#:							